

**Charitable Trust Application Form**

(Registered Charity No. 1119125)

**Office Use Only**

**App No.**

***PLEASE NOTE* – If your application is successful, it is the responsibility of the nominating officer to arrange collection of any gift awarded to the nominee, from the Federation Office, Green Lane.**

**YOUR DETAILS :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant’s Name/**  **Nominating Officer** |  | **Rank/**  **Collar No.** |  | **Contact No.** |  |
| **Your Email Address:** |  | | **Your Force Area/Station** | |  |

**YOUR NOMINEE DETAILS :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nominee Name /Organisation:** | | **Reg. Charity No.:**  **(if applicable)** | **Nominees Age Range:** | |
| **Nominees** |  | | |
| **Address :** |  | | |

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| **Purpose for which help is needed. Please provide as much information as possible. Use a separate sheet if necessary.** |

**Gift Requested? Flowers / Vouchers / Donation (excl. donation to personal account)**

**Have you submitted previous Charity Applications? YES / NO (Please circle accordingly)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Application** | |  | | **Applicant’s Signature** | |  | |
|  |  | |  | | | |  |
| **Office Use Only** | **Meeting Date :** | | **Qualifiers Met? Yes / No** | | | | **Cmttee Members Present:** |
| **Amount / Gift Awarded:** | | | | | **Applicant informed of decision?** | | |